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5/6/10
Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

~~TRADE~~
In re Applicant:

Dan REVITAL et al

Serial No.: 60/443,859

Filed: January 31, 2003

**For: Virtual Smart Card Device, Method
And System**

Attorney
Docket: 25531

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Attached is a copy of the official filing receipt received from the United States Patent and Trademark Office in the above application. Issuance of a corrected filing receipt is respectfully requested.

The family name of the fourth inventor is not Tsurai as written, but TSURIA.

Additionally, the application is being filed by a LARGE ENTITY, not a small entity as written.

Please correct both matters and issue a corrected filing receipt.

Respectfully submitted,

Sol Sheinbein
Registration No. 25,457

Date: May 22, 2003



UNITED STATES
PATENT AND
TRADEMARK OFFICE

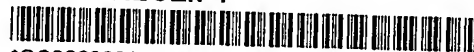


Commissioner for Patents
Washington, DC 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
60/443,859	01/31/2003		80	25531	11		

CONFIRMATION NO. 8262

FILING RECEIPT



OC00000009925715

G. E. EHRLICH (1995) LTD.
c/o ANTHONY CASTORINA
SUITE 207
2001 JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202

Date Mailed: 04/29/2003

Receipt is acknowledged of this provisional Patent Application. It will not be examined for patentability and will become abandoned not later than twelve months after its filing date. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Dan Revital, Jerusalem, ISRAEL;
David Samuel Chechik, Maale Adumim, ISRAEL;
Carmi Bogot, Jerusalem, ISRAEL;
Yossi Tsurai, Jerusalem, ISRAEL;

If Required, Foreign Filing License Granted: 04/29/2003

Projected Publication Date: None, application is not eligible for pre-grant publication

Non-Publication Request: No

Early Publication Request: No

**** SMALL ENTITY ****

Title

Virtual smart card device, method and system

LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
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Bib Data Sheet

CONFIRMATION NO. 8262

SERIAL NUMBER 60/443,859	FILING DATE 01/31/2003 RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. 25531	
APPLICANTS Dan Revital, Jerusalem, ISRAEL; David Samuel Chechik, Maale Adumim, ISRAEL; Carmi Bogot, Jerusalem, ISRAEL; Yossi Tsuria, Jerusalem, ISRAEL;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/29/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 11	TOTAL CLAIMS	INDEPENDENT CLAIMS
ADDRESS G. E. EHRLICH (1995) LTD. c/o ANTHONY CASTORINA SUITE 207 2001 JEFFERSON DAVIS HIGHWAY ARLINGTON, VA 22202					
TITLE Virtual smart card device, method and system					
FILING FEE RECEIVED 160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		